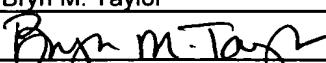


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U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No.	9173L
		First Inventor	John Joseph Scarchilli
		Assignee	The Procter & Gamble Company
		Title	LIQUID INFUSION PODS CONTAINING INSOLUBLE MATERIALS
		Express Mail Label No.	
APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents.		Mail Stop Patent Application ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>			
2. <input checked="" type="checkbox"/> Specification Total Pages [26] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 			
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC §113) Total Sheets [10]			
4. Oath or Declaration Total pages [2] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <i>(for continuation/divisional with Box 17 complete)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTORS <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b).</i> 			
5. <input type="checkbox"/> Application Data Sheet. See 37 CFR §1.76			
6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)			
7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statement verifying identity of above copies 			
ACCOMPANYING APPLICATION PARTS			
8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))			
9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>			
10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>			
11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449/SB03 Citations			
12. <input type="checkbox"/> Preliminary Amendment			
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>			
14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>			
15. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.			
16. <input type="checkbox"/> Other:			
17. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR §1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. / Prior application information: Examiner: _____ Art Unit: _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number		(Insert Customer No. here) 27752	

Name (Print/Type)	Brynn M. Taylor	Registration No. (Attorney/Agent)	P55668
Signature	 Date March 3, 2004		

+ This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

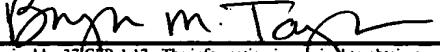
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

FEE TRANSMITTAL for FY 2004 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	Unknown
		Confirmation Number	Unknown
		Filing Date	March 3, 2004
		First Named Inventor	John Joseph Scarchilli
		Examiner Name	Unknown
Art Unit	Unknown		
TOTAL AMOUNT OF PAYMENT	(\$) 910.00	Attorney Docket No.	9173L

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																														
<p>1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:</p> <p>Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company</p>		<p>3. ADDITIONAL FEES</p> <table> <tr> <td>Code</td> <td>(\$)</td> <td>Fee Description</td> <td>Fee Paid</td> </tr> <tr> <td>1051</td> <td>130</td> <td>Surcharge-late filing fee or oath</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1052</td> <td>50</td> <td>Surcharge-late provisional filing fee or cover sheet</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner's action</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner's action</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1251</td> <td>110</td> <td>Extension for reply within 1st month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1252</td> <td>420</td> <td>Extension for reply within 2nd month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1253</td> <td>950</td> <td>Extension for reply within 3rd month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>Extension for reply within 4th month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>Extension for reply within 5th month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1401</td> <td>330</td> <td>Notice of Appeal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1402</td> <td>330</td> <td>Filing a brief in support of an appeal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1403</td> <td>290</td> <td>Request for oral hearing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1452</td> <td>110</td> <td>Petition to revive - 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SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Brynn M. Taylor	Registration No. (Attorney/Agent)	P55668	Telephone (513) 634-2084
Signature			Date	03/03/2004

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